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MICHAEL W RESPIRONICS 1010 MURRY	. HAAS , INC. RIDGE LANE	6/2007		Car	tificate of Mailing or Trac	
MURRYSVILL	E, PA 15008					(Depositor's name)
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						(Date)
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/811,592 TITLE OF INVENTION	03/29/2004 N: MUSCLE STIMULA	TING DEVICE AND ME	Douglas M. Mechlent THOD FOR DIAGNO	•	96-04 D1C1 IG A BREATHING DISOR	2891 DER
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	JE PREV. PAID ISSU	E FEE TOTAL FEE(S) DU	E DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	03/26/2008
EXAN	MINER	ART UNIT	CLASS-SUBCLASS			
GILBERT, SAMUEL G		3735	600-150000			
1. Change of correspondence address or indication of "Fee Address" (3 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED C			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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Please check the approp	riate assignee category o	r categories (will not be p	rinted on the patent):	☐ Individual ☐ Co	orporation or other private g	roup entity Government
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a. Applicant claim  NOTE: The Issue Fee ar		us. See 37 CFR 1.27. quired) will not be accepte	ed from anyone other th		LL ENTITY status. See 37 (stered attorney or agent; or	CFR 1.27(g)(2). the assignee or other party in
interest as shown by the	records of the United Sta	ates Patent and Trademar	k Office.	Mark	-h 05, 0000	
Authorized Signature Michael W. Haas			Date March 25, 2008			
Typed or printed name _ Michael W. Haas			Registration No. 35,174			
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